

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

10/506658

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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17						
18						
19						
20						
21	1					
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30	1					
31		1				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.		32				
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						